

Clinical & Community Strategies to Improve Adolescent Well-Care Visits

The following table highlights evidence-based strategies to improve adolescent well-care visit rates in clinical and community settings.

ACO Measure: Core-2 (NCQA HEDIS): Adolescent Well-Care Visit (AWCV)

The percentage of attributed individuals 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Clinical Approaches	Innovative Patient-Centered Care and/or Community Linkages	Community Wide Prevention Strategies
<ul style="list-style-type: none"> • Increase insurance access <ul style="list-style-type: none"> ▫ Promote use of <i>Vermont Health Connect</i> resources including website, phone number, and local navigators, brokers, and certified application counselors ▫ Assist adolescents and families to understand insurance benefits and address perceived barriers to care (e.g., AWCV frequency, EOB descriptions, etc.) • Adopt current <i>Bright Futures</i> guidelines for health supervision <ul style="list-style-type: none"> ▫ Adopt <i>Bright Futures</i> core tools (i.e. pre-visit questionnaires, documentation, education handouts) ▫ Educate families and adolescents on annual AWCV recommendation (including guidelines outlined in the periodicity schedule) and the benefits of these visits ▫ Adopt evidence-based screening tools ▫ Ensure all practice staff are aware of annual recommendations (including systems for scheduling and reminder-recall) • Provide adolescent-centered and informed care <ul style="list-style-type: none"> ▫ Ensure the physical space is welcoming and age-appropriate for adolescents ▫ Provide training and tools to ensure all practitioners are adolescent-friendly ▫ Use or create adolescent-friendly materials; test materials with 	<ul style="list-style-type: none"> • Utilize mobile devices, e-mail, and social networking sites to promote prevention education and services; new media vehicles offer low-cost avenues to develop and distribute tailored health care messages <ul style="list-style-type: none"> ▫ Use social networking to reach adolescents and caregivers ▫ Use texting to reach adolescents and caregivers • Develop partnerships with key community stakeholders <ul style="list-style-type: none"> ▫ Work with school-based and community health centers ▫ Work with partners to explore alternate funding sources ▫ Partner with Title V (maternal and child health) agencies 	<ul style="list-style-type: none"> • Office of Local Health designees, Agency of Human Services departments, ACOs, and healthcare quality improvement focused organizations should make state-adopted periodicity schedules well known to all clinical and community providers (<i>Bright Futures is Vermont's EPSDT periodicity schedule</i>) • Providers and community partners (such as the Office of Local Health, schools, designated agencies, etc.) should educate families and adolescents on annual AWCV recommendation (including guidelines outlined in the periodicity schedule) and the benefits of these visits

Clinical Approaches	Innovative Patient-Centered Care and/or Community Linkages	Community Wide Prevention Strategies
<ul style="list-style-type: none"> adolescents ▫ Consider strategies to ensure continuity of provider care (i.e. adolescents seeing the same provider annually) ▫ Address potential concerns for adolescents and parents/caregivers related to confidentiality and EOB/ billing issues ▫ Communicate the confidential nature of visits to adolescents and parents/caregivers, and ensure private consultation time with their patients ▫ Consider expanded or tailored office hours that fit with adolescent demands (i.e. school, sports, and work) and lifestyle ▫ Hold specific slots for AWCVs ▫ Consider ways to evaluate satisfaction with care, privacy and confidentiality • Improve quality of adolescent care <ul style="list-style-type: none"> ▫ Ensure providers are well-trained to understand adolescent needs ▫ Ensure providers and office staff are aware of the <i>Bright Futures</i> guidelines ▫ Adopt the use of a strengths-based approach as described in <i>Bright Futures</i> • Leverage missed opportunities to increase well-care visits <ul style="list-style-type: none"> ▫ Maximize patient encounter opportunities by ensuring that AWCVs are scheduled: episodic, acute care, sports physicals, contraceptive counseling, sexual health services, immunizations, etc. ▫ Motivate adolescents to make and keep AWCV appointments ▫ Inform caregivers on the importance of AWCVs 	<ul style="list-style-type: none"> ▫ Engage key community stakeholders ▫ Pediatric and Family practice providers can establish relationships to assist with transition of care from adolescence into young adulthood ▫ Partner with the Health Department/ Office of Local Health designees and leadership ▫ Review local Youth Risk Behavior Survey data ▫ Partner with School Nurses to ensure all students are receiving AWCVs, and improve communication between schools and provider offices ▫ Partner with supervisory union or school district's <i>Whole School, Whole Community, Whole Child</i> wellness teams 	<ul style="list-style-type: none"> • Providers and community partners should encourage their local schools to ask that sports physicals be completed during, or within a reasonable timeframe (as determined by the provider) of a recent AWCVs <ul style="list-style-type: none"> ▫ Athletic directors and coaches can remind parents and caregivers that sports physicals should not replace recommended AWCVs

Resources

Bright Futures Guidelines: brightfutures.aap.org/Pages/default.aspx

Paving the Road to Good Health Strategies for Increasing Medicaid Adolescent Well-Care Visits

[medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Paving-the-Road-to-Good-Health.pdf](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Paving-the-Road-to-Good-Health.pdf)

National Adolescent and Young Adult Health Information Center: <http://nahic.ucsf.edu/>